

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/070881	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3		1					53						
4	1						54						
5	1						55						
6	1						56						
7	1						57						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1011	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	7	↓		↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS	1018						TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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FORM PTO-1360 (REV. 3-78)

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